EXHIBIT B

PR	OOF OF CLAIM	
Ivalue of Deptor	lumber	
USA Commercial Mortgage Co 06.	-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address	statement giving particulars	
11321241003450	Check box if you have	
ROY R VENTURA JR & NANCY B VENTURA AMERICAN EMBASSY- JAKARTA	never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A	
UNIT 8135 - USAID FPO AP 96520	BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS ONE OF THE DEBTORS	NOT
ARMED FORCES PACIFIC	Li Check box if this address differs from the address on the	
	envelope sent to you by the court Bankruptcy Court or BMC you do not need to file agong this space IS FOR COURT USE ONLY	
Creditor Telephone Number (62) 21 392-6116 Last four digits of account or other number by which creditor identifies debtor		
	Check here replaces or a previously filed claim dated amends	_
	e benefits as defined in 11 U S C § 1114(a) Unremitted principal	
	s salanes and compensation (fill out below)	vicer
Lastro	our digits of your SS #-	
Onpar	d compensation for services performed from	-
2 DATE DEBT WAS INCURRED Oct 2004 - March 2006 3 IF	COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des See reverse side for important explanations	scribe your claim and state the amount of the claim at the time case filed	
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	a nght of setoff)	
UNSECURED PRIORITY CLAIM	Brief description of collateral Real Estate Motor Vehicle Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Motor Vehicle Other Value of Collateral \$	
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in	
Specify the priority of the claim	secured claim if any \$ /55,828.26	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)	
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)	
business whichever is earlier 11 U.S.C. § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a) ()	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4l1l07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ \$ /55,8		
AT TIME CASE FILED (unsecured)	(secured) (pnority) (Total)	
Check this box if claim includes interest or other charges in addition to the princip	pal amount of the claim. Attach itemized statement of all interest or additional charge	s
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents.	d deducted for the purpose of making this proof of claim such as promissory notes purchase orders, invoices, itemized statements of	
running accounts, contracts, court judgments, mortgages security agreemed DOCUMENTS if the documents are not available, explain. If the documents		
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	·	
The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, prevail	iling Pacific time, on November 13, 2006 USE ONLY	ŧΤ
for each person or entity (including individuals, partnerships, corpora governmental units) BY MAIL TO BY HAY		
BY MAIL TO BY HAN BMC Group BMC G	ID OR OVERNIGHT DELIVERY TO FILED OCT 4.0.0	
	SACM Claims Docketing Center (ast Franklin Avenue) FILED OCT 19 2	:006
El Segundo CA 90245-0911 El Seg	undo CA 90245	
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if an		
16 Oct 2006 Rm & 1/0 m tale 1 2"	Nancy B Ventura	
1 1 1 1 1 1 1 1 1 1 1	1072500638	

UNITED	AT THE SAMPRING OF COURT		<u>ElEMANA TITITA A</u>	431 14 0	JE 2 01 12
	STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor		Case No	umber	†	
USA Comme	rcial Mortgage Company	06-10	725-LBR		
NOTE See Reverse	e for List of Debtors and Case Numbers			-	
arising after the com	t be used to make a claim for an administ imencement of the case A "request" for	payment of an	Check box if you are aware that anyone else has		
administrative expen	ise may be filed pursuant to 11 U S C §	503	filed a proof of claim relating to your claim. Attach copy of	IF YOU ARE OF	NLY OWED MONEY BY A BORROWER IS BEING SERVICED BY THE
Name of Credit	or and Address		statement giving particulars	DEBTORS YOU	J DO NOT HAVE TO FILE A PROOF
VOG	and were done not brane and resid but a man but (ally les lett	242039399	Check box if you have	BORROWER H	IIS INCLUDES MONEY FROM THAT IELD IN THE COLLECTION ACCOUNT
	GLIS MARIETTA EAST 79TH STREET		never received any notices from the bankruptcy court or	1	
	YORK NY 10021		BMC Group in this case	SECURED INTE	THIS PROOF OF CLAIM FOR A EREST IN A BORROWER THAT IS NO
			Check box if this address	ONE OF THE D	EBTORS
			differs from the address on the envelope sent to you by the	Bankruptcy Cou	already filed a proof of claim with the irt or BMC you do not need to file again
	Number (2'4) 5 70 61 93		court		CE IS FOR COURT USE ONLY
Last four digits or acc	count or other number by which creditor is	dentifies debtor	Check here replace	ces	l flad along detail
			if this claim amen		sly filed claim dated
1 BASIS FOR CLAI		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services perform	Personal injury/wrongful de	ath	salaries and compensation (f		Other claims against service (not for loan balances)
Money loaned		Last four	r digits of your SS#		(not for loan balances)
William Pourior	Other (describe briefly),	Unpaid o	compensation for services per	rformed from	to
2 DATE DEBT WAS		l3 IF C	OURT JUDGMENT, DATE O	PTAINED	(date) (date)
4 CLASSIFICATION	OF CLAIM Check the appropriate box or	boxes that best descr	ribe your claim and state the amou	unt of the claim at	the time case filed
	Important explanations PRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a	a) there is no collateral or lien securing your cla	am or h) vour claim	,	our claim is seci	ured by collateral (including
exceeds the value entitled to priority	of the property securing it or if c) none or only	/ part of your claim is	a right of setoff)		, , , , , , , , , , , , , , , , , , , ,
UNSECURED PRIOR	RITY CLAIM		Brief description of o	_	
Check this box if y	ou have an unsecured claim all or part of whic	ch is	Real Estate	_	
entitled to priority Amount entitled to			Value of Collateral		KNOWN
			Amount of arrearage and	d other charges	s <u>at time case filed</u> included in
Specify the priority Domestic support	of the claim obligations under 11 U S C § 507(a)(1)(A) or (a	~V4VB)			
Wages salanes of	Commissions (up to \$10 000)* earned within	190 days	Up to \$2 225* of deposits towar services for personal family or	rd purchase lease household use -	e or rental of property or
before filling of the	bankruptcy petition or cessation of the debtors er is earlier - 11 U S C § 507(a)(4)	,	Taxes or penalties owed to gove		
	n employee benefit plan 11 USC § 507(a)(4)		Other - Specify applicable parag	graph of 11 U S C	C § 507(a) ()
		,	* Amounts are subject to adjust with respect to cases commend	tment on 4/1/07 a	and every 3 years thorooffer
5 TOTAL AMOUNT O	OF CLAIM \$	\$ 72	4,292,81\$	BU UII UI CITE.	\$ 72.4 2.92.85
/	(unsecured)		(ed)	(priority)	(Total) 10 OF
	aım ıncludes interest or other charges in add				
6 CREDITS The and 7 SUPPORTING D	mount of all payments on this claim has be	een credited and de	educted for the purpose of ma	aking this proof	of claim
running accounts	CONTRACTS. COURT JUDGMENTS MORTGAGES S	ting documents, suc	ch as promissory notes purch	hase orders inv	
DOCUMENTS If	the documents are not available explain	If the documents a	are voluminous attach a sumi	of lien DO NO	OF SEND ORIGINAL
8 DATE-STAMPED proof of claim	COPY To receive an acknowledgme	ent of the filing of yo	our claim, enclose a stamped	self-addressed	d envelope and copy of this
The original of thi	s completed proof of claim form must	he sent by mail or	r band dalument (FAVEO NO	<u>. </u>	
400FL (FD) 20 ft	idi il is actually received on or before 5	5 BB nm nzovadna	n Doorfie turne on Name of	40 0000	THIS SPACE FOR COURT USE ONLY
governmental uni	r endry (moraulity molvicuals, partners	ships, corporation	s, joint ventures, trusts and	1	GOL OITE
BY MAIL TO BMC Group	•	BY HAND O BMC Group	OR OVERNIGHT DELIVERY TO	FILEU	14 9 2007
	ns Docketing Center	Attn USAC	CM Claims Docketing Center		OUN TY COOL
El Segundo, CA 90	245-0911	1330 East I	Franklin Avenue o CA 90245	,	USA CMC
DATE	SIGN and print the name and title if a	any of the creditor or o	other person authorized to file		
IDN 8 200	uns clamb fattach copy of power	of attorney if any)	F	1	1072502163
1/// 0 /	Marie fu V	by w			

• Case 06-10725-gwz Doc 8711-2 Entered 07/24/11 14:52:57 Page 4 of 12

FORM B10 (Official Form 10) (10/05)		
United States Bankruptcy Court	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTEREE CE	Case Number 06 - 10725-LBK	
NOTI- This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative expense arising after the commencement by be filed pursuant to 11 USC. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) DAVID C. WAHL AND MARGARET A. Jourt temper/3 W/R 0 5 WAHL Name and address where notices should be sent DAVID C. PO BOX GOID WHAL	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this	
Manmoth Latt-15, Cal 93546 Telephone number 760 934-5648	case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONE
Last four digits of account or other number by which creditor identifies debtor	Check here of this claim amends a previously file	ed claim dated. 12/06/06
1 Resis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death	Retiree benefits as defined in Wages salaries, and compensation for services Unpaid compensation for services from	IIUSC § III4(a) ation (fill out below)
Taxes SFE Exhibit A	(date)	(date)
2. Date debt was incurred.	3. If court judgment, date obtained	•
4 Classification of Claim. Check the appropriate box or boxes the	hat best describe your claim and state the amount	of the claim at the time case file
Unsecured Nonpriority Claim \$ 201,199.9 \\ Unsecured Check this box if a) there is no collateral or lien securing you be be your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or Ref Description of Collater	is secured by collateral (including
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority	Which is Real Estate Motor Value of Collateral \$\(\tilde{\bullet}\) \(\tilde{\bullet}\) Amount of arrearage and other cha	Vehicle Other————————————————————————————————————
Amount entitled to priority \$	secured claim, if any \$/149.	92
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)		ousehold use - 11 U S C
Wages, salaries, or commissions (up to \$10,000),* earned with days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(*Amounts are subject to adjustment on 4	of 11 USC § 507(a)() 11/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed	\$20149.92 20149.92	20/149.92
Check this box if claim includes interest or other charges in ad interest or additional charges.		(priority) (Total) ch itemized statement of all
6. Credits The amount of all payments on this claim has bee making this proof of claim	n credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting documents invoices itemized statements of running accounts, contingreements, and evidence of perfection of lien DO NOT SEI documents are not available, explain If the documents are volt. 8. Date-Stamped Copy. To receive an acknowledgment of the addressed envelope and copy of this proof of claim.	racts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the uminous, attach a summary	FILED JAN 1 3 200
Date / / Sign and print the name and title, if any, of		
1/9/07 Swid Charle Ma	yareta Wall	USA CMC

United States Bankruptcy Court	DISTRICT OF	PROOF OF CLAIM
Name of Debtor	Case Number	TROOF OF CEALW
USA COMHERCIAL HTG CO,	BK-S-06-10725-	LBA
NOTE. This form should not be used to make a claim for an admini		
NOTE. This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense m	ay be filed pursuant to 11 USC. § 503	CEINED WHO LIFTE
Name of Conduct (The names of other patitude when the	Cheek how of you are aware that anyon	
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone lese has filed a proof of claim relating	7006 AUG 14 P 2 25
LINIDA MI WALKER	your claim Attach copy of statement	
	giving particulars	S BANKRUPTCY COURT
Name and address where notices should be sent	Check box if you have never received notices from the bankruptcy court in	MATRICIA GRAY CLERK
LINDA MI WALKER	case	
REND, NV 89509	Check box if the address differs from	
Telephone number 775-171-1393	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONE
Last four digits of account or other number by which creditor	Check here ☐ replaces	
Identifies debtor (CLIENT ID 5644)	if this claim amends a previousl	y filed claim dated
1 Basis for Claim	Retiree benefits as defined	La 11 11 C C 8 1114(a)
Goods sold	☐ Wages salaries and comp	• • • • • • • • • • • • • • • • • • • •
Services performed	Last four digits of your S	S #
Money loaned	Unpaid compensation for	
Personal injury/wrongful death Taxes	from	to
☐ Other ————————————————————————————————————	(date)	(date)
	3. If court judgment, date obtain	
2. Date debt was incurred 5/3/04, 4/01/05, 4/27/05 6/20/05		nea
4 Classification of Claim. Check the appropriate box or boxes that See reverse side for important explanations.		ount of the claim at the time case file
Unsecured Nonpriority Claim \$	Secured Claim	
Check this box if a) there is no collateral or lien securing your	Check this box if your cla	im is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) n only part of your claim is entitled to priority	one or	
	Bnef Description of Colla	
Unsecured Priority Claim	Real Estate Mo	tor Vehicle Other
Check this box if you have an unsecured claim all or part of when the property of the property	hich is Value of Collateral \$_1	OC) OCO plus
entitled to priority	Amount of arrearage and other of	harges at time case filed included in
Amount entitled to priority \$	secured claim if any \$	
Specify the priority of the claim	Up to \$2,225* of deposits toward	nurchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) or	or services for personal family or	household use - 11 U S C
(a)(1)(B)	§ 507(a)(7)	
Wages, salaries, or commissions (up to \$10,000),* earned within	19/1	mental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debtor business, whichever is earlier - 11 USC \$ 507(a)(4)	Other - Specify applicable paragra	ph of II USC § 507(a)()
	*Amounts are subject to adjustment on	4/1/07 and every 3 years thereafter
☐ Contributions to an employee benefit plan - 11 U S C. § 507(a)(5) with respect to cases commenced o	n or after the date of adjustment.
Total Amount of Claim at Time Case Filed	101.500	± 101,500 ±
Check this box if claim includes interest or other charges in additi	(unsecured) (secured)	(priority) (Total)
Check this box if claim includes interest or other charges in additi- interest or additional charges.	on to the principal amount of the claim. At	acn itemized statement of all
Credits The amount of all payments on this claim has been cr	redited and deducted for the numose of	The South in the Court II. C
making this proof of claim.		THIS SPACE IS HOR COURT USE ONLY
Supporting Documents Attach copies of supporting document	ts, such as promissory notes, purchase	
orders invoices itemized statements of running accounts, contract	S. COURT IIIdoments, mortgages, security	
agreements and evidence of perfection of lien DO NOT SEND	ORIGINAL DOCUMENTS If the	
documents are not available, explain if the documents are voluming	nous, attach a summary	
 Date-Stamped Copy To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim. 	g of your claim enclose a stamped self-	
Sign and print the name and title, if any, of the file thus claim (attach copy of power of attorner	v. if any)	i
Duda Milaibes a	Dirale woman	i
LINDA M WALKER	, Dingle woman	USA CMC

Case 06 10725 awa Doc 9711 :	2 En	orod 07/24/11 14:5	2·57 Pag	e 6 of 12
, .		OF OF CLAIM	2.51 T 49	C 0 01 12
Name of Debtor	Case Number			
USA Commercial Mortgage Company		/25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address. WINKLER, RUDOLF + CARMEL WINKLER, T 10000 ROSSBURY PLACE LOS ANGELES CA 90064 WINKLER FAMILY TRUST UTD 3/13/	m_	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	DEBTORS YOU I OF CLAIM THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number (3) 10 -158-333 4	dalafa	Court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d 97	Jeptor	Check here replace or if this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	salanes, and compensation (fill out below)	Other claims against servicer
Services performed		digits of your SS #: ompensation for services pe	rformed from	(not for loan balances)
2. DATE DEBT WAS INCURRED 12-16-2002	2 15 00	NIDT HIDOMENT DATE O	DTAMES	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		DURT JUDGMENT, DATE On the supplemental between the pure claim and state the amount of the supplemental business of the supplemental		he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 605,31799 Check this box if a) there is no collateral or iien securing your claim or b) yexceeds the value of the property securing it, or if c) none or only part of you entitled to priority	your claim our claim is	Check this box if you a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM	_	Bnef description of ☑ Real Estate		П оч.
Check this box if you have an unsecured claim all or part of which is entitled to priority	RW	Value of Collateral		•
Amount entitled to priority \$			\$ Unk	at time case filed included in
Specify the priority of the claim		secured claim, if any	8 86 19	63 med included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits tows	ird purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's		services for personal family of		. , . , .
business whichever is earlier 11 U S C § 507(a)(4)	H	Taxes or penalties owed to go Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 60,317,69 \$ (unsecured)	و ,که	17.99 \$	(priority)	\$ 605,317.99 (Total)
Check this box if claim includes interest or other charges in addition to the	•-		•••	• • •
6 CREDITS The amount of all payments on this claim has been credit 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts, contracts, court judgments, mortgages, security at DOCUMENTS If the documents are not available, explain. If the documents are not available, explain.	<i>ments.</i> su greement	ch as promissory notes pure s, and evidence of perfection	chase orders, inv	oices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, or governmental units)	. prevailin	g Pacific time, on Novembe	er 13. 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USA	DR OVERNIGHT DELIVERY TO IP CM Claims Docketing Cente Franklin Avenue	EII	ED JAN 1 2 2007
		lo, CA 90245		USA CMC
DATE SIGN and print the pare and title if any of the thiel that it is the pare and t	e creditor or ney if any) MUST e	other person authorized to file NINKIER FAMILY 12 DTD 3/13/8		1072502279
Panalty for presenting fraudulant claim is a fine of up to \$500,000 or imprisonmen	nt for up to t	Super or both 491150 SS	150 AND 2574	

Case 06-10725-gwz - Doc 8711-	2 E nt	ered 07/24/11 14:5	2:57 Page 7 of 12
0430 00 10120 gwz - 200 0111	PRO	ored 07/24/11 14:5 DOF OF CLAIM	ago / 0/ 12
Name of Debtor	Case Number		
USA Commercial Mortgage Company		25-LBR	
OOA Commercial mortgage company	00-107	ZLDI\	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of Attach country	IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE
Name of Creditor and Address 11321242039620 WINKLER, CARMEL TRUSTEE 10000 ROSSBURY PLACE	0	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or	DEBTORS YOU DO MOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A
LOS ANGELES CA 90064	,	BMC Group in this case	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.
WINKLER FAMILY TRUST DTG 3/13/	11986	Check box if this address differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (3)0 -558 - 333 4	dobtes	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	uebiol.	Check here replace or if this claim amen	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	_	salanes and compensation (fill out below) Other claims against servicer
☐ Services performed ☐ Taxes ☐ Other (describe bnefly)		digits of your SS #-	(not for loan belances)
See Cophyb (A	Unpaid c	ompensation for services pe	formed from to(date)
2. DATE DEBT WAS INCURRED /2-16-2002		OURT JUDGMENT, DATE O	BTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descri	be your claim and state the amo	unt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$ 130,2152		SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	Check this box if you a right of setoff)	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim is	Bnef description of	collateral
UNSECURED PRIORITY CLAIM		Real Estate	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	
Amount entitled to priority \$		Amount of arrearage ar	nd other charges at time case filed included in
Specify the pnority of the claim		secured claim, if any	1876,56
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			ard purchase lease or rental of property or or household use -11 U.S.C. § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		, ,	vernmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable pan	agraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)			stment on 411/07 and every 3 years thereafter aced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 130215. 22 \$	13021	5.22 \$	\$ 130715,22
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim. Attach ite	(pnonty) (Total)
	<u> </u>		<u> </u>
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain. If the d	<i>ıment</i> s. su agreement	ich as promissory notes pure and evidence of perfection	chase orders, invoices, itemized statements of of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			• • • • • • • • • • • • • • • • • • • •
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	, prevailin	g Pacific time, on Novemb	er 13, 2006 USE ONLY
governmental units) By MAIL TO BMC Group	-	OR OVERNIGHT DELIVERY TO	FILED IAN 1 9 2007
Attn USACM Claims Docketing Center P O Box 911		.CM Claims Docketing Cente t Franklin Avenue	r I USA CMC
El Segundo, CA 90245-0911	El Seguno	do, CA 90245	
DATE SIGN and print the name and title if any of the this claim (attach copy of power-of attor	e creditor or ney if any).	other person authorized to file	1072502280
1-10-2007 Carmel Winkler W	uer U	- Annice Trust Di	TD 3/3/86

रक्षां वास्तु कार्य कार्य कार्य है। विकास क्षेत्रक क्षेत्रक होता है।	PRO	OOF OF CLAII	M	
- 113				
Name of Debtor	Case Nu	Case Number		
U S A COMMERCIAL MORTGAGE COMPANY	06-1	0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	ense of an	Check box if you are aware that anyone else has filed a proof of claim relatin your claim. Attach copy of	ng to	
Name of Creditor and Address		statement giving particulars		
Rudolf Winkler IRA		Check box if you have never received any notices from the bankruptcy court of		IIS PROOF OF CLAIM FOR A
10000 RossBury PL hos Angeles, CA 90064-482	_	BMC Group in this case Check box if this addre	SECURED INTER	REST IN A BORROWER THAT IS NOT
	•	differs from the address on envelope sent to you by the court.	the If you have air Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (310 – 518 – 333 Y Last four digits of account or other number by which creditor identifies of	lebtor			CE IS FOR COURT USE ONLY
33 75		if this claim	oplaces or a previously mends	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 L	JSC § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Taxes		salaries and compensation of your SS #	on (fill out below)	Other claims against service (not for loan balances)
Money loaned Mother (describe briefly) See Exhibit A	Unpaid o	compensation for services	performed from	to
	To 15 0			(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DAT		he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 325900 11 Check this box if a) there is no collateral or lien securing your claim or b)			if your claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo		a right of setoff)	-	. , ,
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description		
Check this box if you have an unsecured claim all or part of which is		Real Estate	☐ Motor Vehicle	Other
entitled to priority		Value of Collate	eral \$ UNKN	IOWN
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage secured claim if any	e and other charges y \$ 4685	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits t	toward purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal famil Taxes or penalties owed to		
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)			idjustment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 325,900.11 \$	325,	900.11 \$		\$ 325,900 11
(unsecured)	•	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the claim Attach	n itemized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the documents are not available explain.	oreement	s and evidence of perfect	tion of lien DO NO	oices itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent	by mail o	r hand delivered (FAXE	S NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals partnerships, or	, prevailin _: orporatio:	g Pacific time, on Nover ns. ioint ventures, trusts	mber 13, 2006	USE ONLY
governmental units)		OR OVERNIGHT DELIVERY		
BMC Group	BMC Grou	1b		4 9 9007
P O Box 911	1330 East	CM Claims Docketing Ce Franklin Avenue	TIII FI	ED JAN 1 2 2007
El Segundo CA 90245 0911 DATE SIGN and print the game and title if any of the		other person sutbodied to 6	1	
the claims (attach, copy of power of attoor	py if any)	, /		
(lectification) In	udolt	Winkler IR	A	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	nt for up to t	years or both 18 U.S.C	§§ 152 AND 3571	1072502278

Case 06-10725-gwz Doc 8711-	-2 Er	ntered 07/24/11 14	:52:57 P	age 9 of 12
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor:	Case Nu	imber:		
1, 60 0,020 11 1		100()		
U.S.H. Capital Mortage Co.	06.	-10725(LBR)		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
arising after the commencement of the case. A "request" for payment	of an	aware that anyone else has filed a proof of claim relating to		
administrative expense may be filed pursuant to 11 U.S.C. § 503.		your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars.		
Woody Corns activity Line		Check box if you have never received any notices		
Woody Contracting, Inc 43210 McKenzie Lane Summerville, OR 97874		from the bankruptcy court or BMC Group in this case.		iis proof of Claim for a Rest in a borrower that is not
Summerville OR 97874		Check box if this address	ONE OF THE DE	
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number () 54 534-474		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here replac	ces a previously	/ filed claim dated:
7686		if this claim amen		
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death		penefits as defined in 11 U.S.	-	Unremitted principal
Services performed Taxes		salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
☑ Money loaned ☐ Other (describe briefly)		digits of your 88#:	formed from:	
	Onpaid C	ompensation for services per	nonned non.	(date) (date)
2. DATE DEBT WAS INCURRED: 2-23-04	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations. 	best descri	be your claim and state the amou	unt of the claim at t	he time case filed.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b)		۔ سے	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.	tur claim is	a right of setoff). Brief description of	collateral:	
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral:		30,750
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim:		secured claim, if any:	• <u></u>	50
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal, family, of Taxes or penalties owed to go		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED:	330	1,750 \$		\$ 330,750
(unsecured)	•	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach iter	mized statement o	f all interest or additional charges.
8. CREDITS: The amount of all payments on this claim has been cred		• •		
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting docu</u> running accounts, contracts, court judgments, mortgages, security s	<i>i<u>ments,</u> su</i> Igreement	ich as promissory notes, purc s, and evidence of perfection	chase orders, inv of tien. DO NO	oices, itemized statements of T SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If the d	locuments	are voluminous, attach a sur	nmary.	
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	e filing of y	our claim, enclose a stamped	1, self-addressed	l envelope and copy of this
The original of this completed proof of claim form must be sent	-	•		THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or				USE ONLY
governmental units).	•	•		USA CMC
BY MAIL TO: BMC Group Atta: ILSACA Claims Dacketing Center		OR OVERNIGHT DELIVERY TO up CM Claims Docketing Center		
Attn: USACM Claims Docketing Center P. O. Box 911	1330 East	.CM Claims Docketing Cente t Franklin Avenue	,	1072500950
El Segundo, CA 90245-0911		do, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn		other person authorized to file		
1/2 Last Word Carlant	la et	21.169	will I	

1					
		PRO	DOF OF CLAIM		
Name of Debtor		Case Nu	umber	1	
USA Comme	errial Martgage Co	06	-10725-LBR		
NOTE See Reverse for Lis This form should not be use arising after the commencer	t of Debtors and Case Numbers d to make a claim for an administrative nent of the case A "request" for payme be flied pursuant to 11 USC § 503	expense ent of an	Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and			your claim Attach copy of statement giving particulars	ł	
WORLD L,	NKS GROUP, LLC MANTAS ACKHAWK ST #10	raof	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	SECURED INTE	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Fng/Ewood,	CO 80112-4355		Check box if this address differs from the address on the envelope sent to you by the		BTORS eady filed a proof of claim with the or BMC you do not need to file again.
	() 760-917-3691		court.	THIS SPAC	E IS FOR COURT USE ONLY
69-	r other number by which creditor identifi 76	es debtor	Check here replace of this claim amen	a proviousk	filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
☐ Goods sold	Personal injury/wrongful death	☐ Wages	salaries and compensation (fill out below)	Other claims against service
Services performed Money loaned	Taxes		r digits of your SS#		(not for loan balances)
Let workey to allied	Other (describe briefly) SEE A HACKED	Unpaid (compensation for services per	rformed from	to
2 DATE DEBT WAS INCU		3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CL	AIM Check the appropriate box or boxes	that best descr	ibe your claim and state the amou	unt of the claim at	the time case filed
See reverse side for important UNSECURED NONPRIORI	100 000)	SECURED CLAIM		
Check this box if a) there	is no collateral or lien securing your claim or imperty securing it, or if c) none or only part of	b) your daim	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CI	LAIM	 -	Brief description of		~
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Real Estate		
Amount entitled to priority	9.		Value of Collateral	· <u>LA_//</u>	KNOUR
Specify the priority of the o	daim		secured claim if any	nd other charges	at time case filed included in
	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(I	в) [-	Up to \$2 225 of deposits toward	<u> </u>	<u> </u>
Wages salanes or commi	issions (up to \$10 000)* earned within 180 d	ays	services for personal family o	r household use 1	1 U S C § 507(a)(7)
pusiness whichever is ear	otcy petition or cessation of the debtor's fier - 11 U.S.C. § 507(a)(4)	<u></u>	Taxes or penalties owed to go		
	/ee benefit plan - 11 U S C § 507(a)(5)		Other Specify applicable pars * Amounts are subject to edjus with respect to cases commen	tment on 4/1/07 au	nd every 3 years thereafter
5 TOTAL AMOUNT OF CL. AT TIME CASE FILED	110,000,00	\$ <u>198</u>	1000.00 \$		\$ 198,000.00
1	(unsecured)		secured)	(pnority)	(Total)
	ludes interest or other charges in addition t				
7 SUPPORTING DOCUM	of all payments on this claim has been on MENTS Attach copies of supporting of cts court judgments mortgages securical cuments are not available explain. If the	ocuments, suitv agreement	uch as promissory notes pure	hase orders inv	nicae itamizad statements of
8 DATE-STAMPED COP proof of claim					envelope and copy of this
ACCEPTED) so that it is	pleted proof of claim form must be a actually received on or before 5 00 by (including individuals, partnerships	pm, prevailin s, corporatio BY HAND	ig Pacific time, on Novembe ins, joint ventures, trusts an OR OVERNIGHT DELIVERY TO	or 13, 2006 id	THIS SPACE FOR COURT USE ONLY
Attn USACM Claims Doc	cketing Center	BMC Gro	up CM Claims Docketing Center		12 1 2 2007
P O Box 911 El Segundo CA 90245 0		1330 Eas	t Franklin Avenue	F	LED JAN 1 3 2007
DATE	SIGN and print the name and title if any o	of the creditor of	do CA 90245		, <u> </u>
1-17-07	this claim (attach copy of power of at	tiomey if any)		a •	USA CMC
Pagatty for presenting fraudulent	Clearn is a fine of up to \$500 000 or imprison	ERVE	NECSON, A	TERNEY	
· · · · · · · · · · · · · · · · · · ·	i vienni io e nine of up to 3000 000 of imprisori	ment for up to :	S VARIS OF BOTH 1811SC 68 1	SO AND SET	1072502309

Doc & Mile 2 to Engage 1-07/24/11 14:52:57 Page 211 of 12 SAM P1

FORM 8 (0 (Official Form 10) (10/05) United States Bankrupicy Court DISTRICT OF Nevada PROOF OF CLAIM Name of Lichton Case Number 06-16725-6BR USA COMMERCIAL MORTAGE NOTE: It is form should not be used to make a claim for an administrative expense arising after the commence of the case. A "request" for payment of an administrative exposes may be filed pursuant to 11 U.S.C. § 503 Name of (reditor (The person or other entity to whom the Check box if you are aware that anyone debier ow & money or property). CARLL AZATIFULLA JESEL & LUNKASE #2 3335 cise has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this 1276 6 m MYER LV, ELMIRISE HZ Check box if the address differs from the address on the envelope sent to you by Telephone number 623 933 2760 THIS SPACE IS FOR COURT USE ONES the court Last four cigits of account or other number by which creditor Check here replaces amends a previously filed claim, dated elentrifies di fant of this claum Bas ; for Clarm Retiree benefits as defined in 11 USC, § 1114(a) Wages salaries, and compensation (fill out below) Goods sold Last four digits of your SS # Services performed Unpaid compensation for services performed Money loaned Personal myury/wrongful death Taxes Sec Exhib: (date) (date) Other If court judgment, date obtained Date debt was incurred: HILCUS 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed Sec reverse side for important explanations. Secured Cinim Unsecuted Nonpriority Claim 5 704,812, 74 Check this box if your claim is secured by collateral (including Chec : thus box if a) there is no collateral or iten accurring your claim, or b) your claim exceeds the value of the property accurring it, or if c) none or only part o' your claim is entitled to priority a right of setoff) Bnef Description of Collateral Real Estate | Motor Vehicle Other **Unsecured Priority Claim** Value of Collateral Surkic Check this box if you have an unsecuted claim, all or part of which is entitled to monty Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 10,326 Amount cut tied to priority \$_ Specify the prority of the claim. Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7) (a)(1)(B) Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) Wages salaries or commissions (up to \$10,000),* earned within 180 days before /fling of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -)1 USC § 507(a)(4) Other - Specify applicable paragraph of 11 U S C \$ 507(a)(_ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) 704 812 14 704.812 75 Total Amount of Claim at Time Case Filed. 812 (urnecium) (secured) (prionty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS NOR COURT USE ONLY making this proof of claim. 7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase FILED JAN 11 2017 orders, invoices itemized statements of running accounts, contracts court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SBND ORIGINAL DOCUMENTS If the document; are not available, explain. If the documents are voluminous attach a summary USA CMC 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim enclose a stamped, selfaddressed guvelope and copy of this proof of claim. ign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Penulty for presenting frombulent count. Fine of up to \$500,000 or impresonation for up to 5 years, or both. 18 U S C \$4 152 and 3571

FORM B10 (Official Form 10) (10/05)

Harren State	s Bankruptcy Court	Du	TDICT: /	OF Nov	ode		
				OF Nev		PROOF OF C	LAIM
Name of Debtor	USA Commercial Mortgage Company	Case	Number	06-107	25-LBR	I	
						_	
	should not be used to make a claim for an admini quest" for payment of an administrative expense my						
of the case. A re	quest for payment of an administrative expense in	ly be illed	pursuant	10 11 0.3	i.c., y 100i		
•	(The person or other entity to whom the				ware that anyone	ł	
debtor owes mone	y or property):				of claim relating to py of statement	' 	
Marsi	nall R. Zerbo, a single man		ing partice		,	. 1	
Name and address	s where notices should be sent:				never received as		
Marshall R. Ze	rbo	not		the banki	ruptcy court in thi	5	
250 W El Cam Sunnyvale, CA					ss differs from the		
	r: (408) 773-1733	I	ress on th court.	e envelop	e sent to you by	THIS SPACE IS FOR COURT	USE ONLY
	account or other number by which creditor		ck here	replac			
identifies debtor:	Client ID=6873 & Acct ID = 6957	ifth	is claim	amen	ds a previously	filed claim, dated:	
1. Resis for C	laim	·	R	etiree ber	efits as defined i	n U.S.C. §	
Goods	sold		H w	ages, sale	aries, and compe	sation (fill out below)	
	es performed				igits of your SS	rvices performed	
	loaned al injury/wrongful death			•	•	•	
Taxes	SEE EXHIBIT "A"		fr	om	(date)	_ to (date)	
✓ Other							
2. Date debt v	vas incurred: 25 JULY 2005	3.	If cou	rt judgm	ent, date obtain	ed:	
4. Classification	of Claim. Check the appropriate box or boxes th	at best des	cribe you	r claim a	nd state the amou	nt of the claim at the time	case filed
See reverse side	for important explanations.			ed Clair			
'	priority Claim \$ 150,629.65		I	Check thi	s how if your claim	is secured by collateral (in	cluding
Check this b	ox if: a) there is no collateral or lien securing you	r claim, or	a right	of setof	n).	The secured by obligations (in	o.oug
only part of your	eeds the value of the property securing it, or if c) claim is entitled to priority.			Brief Des	cription of Collate	eral:	
Unsecured Prior	ity Claim		1 [Real I	estate Moto	r Vehicle Other-	
	ox if you have an unsecured claim, all or part of w	hich is]	Value of (Collateral: \$	INKNOWN	
entitled to priority						arges at time case filed incl	uded in
Amount entitled to	priority \$		secure	d claim, i	fany: \$ <u>1,484</u>	.53	
Specify the priority o	f the claim:	П	Up to \$2	,225* of	deposits toward p	urchase, lease, or rental of	property
Domestic supr	port obligations under 11 U.S.C. § 507(a)(1)(A) o	, –	or servic	es for per	sonal, family, or	household use - 11 U.S.C.	
(a)(1)(B)	5011 0011B2110112 011012 11 01012 1 001(1)(1)(1)		§ 507(a)		arred to conserve	ental units - 11 U.S.C. § 5	07(=)(8)
Wages, salarie	s, or commissions (up to \$10,000),* carned within	내용님			_	nh of 11 U.S.C. § 507(a)(
business, whicheve	of the bankruptcy petition or cessation of the debter is earlier - 11 U.S.C. § 507(a)(4).						
	s to an employee benefit plan - 11 U.S.C. § 507(a)					HI/07 and every 3 years the or after the date of adjusti	
	int of Claim at Time Case Filed:	\$	15062		150629.65	150629.	65
Check this box	if claim includes interest or other charges in add	ition to th	(unscaux		(secured)	(priority) (Total)
interest or add	itional charges.	on to al	- Principe		or are creatil. Att	winzer statement of 8	44
	e amount of all payments on this claim has been	credited a	nd deduc	ted for th	e purpose of	This Space is for Court U	SI: ONLY
making this pro							
orders invoices	ocuments: Attach copies of supporting docume . itemized statements of running accounts, contra	nts, such	as promis	sory note	s, purchase		
agreements, and	d evidence of perfection of lien. DO NOT SENI	D ORIGIN	VAL DO	CUMEN	rs. If the		
documents are r	not available, explain. If the documents are volun	ninous, att	ach a sun	nmary.			
8. Date-Stamped	Copy: To receive an acknowledgment of the fil	ing of you	r claim, e	nclose a	stamped, self-		
Date	ope and copy of this proof of claim. Sign and print the name and title, if any, of the	o on dia	or other		the size of the		
_4.0	file this claim (seach copy of power of attor	ic creditor	or ounce	heraor w	MOTIZECI TO		
09 JAN 2007			A .				
	1 laytou	•	M		_		